

FALSE STATEMENTS ON THIS APPLICATION MAY BE CAUSE FOR DENIAL OR REVOCATION OF A LICENSE.

**BOARD OF EXAMINERS OF PSYCHOLOGISTS
4201 Patterson Avenue
Baltimore, MD 21215-2299**

APPLICATION FOR LICENSURE

MUST BE TYPED OR PRINTED LEGIBLY

1. _____ (Date)
2. Name: _____
(Last) (First) (Middle) (Maiden Name)
3. Sex: ☐ M ☐ F
4. Home Address: _____
(Number and Street)
(City) (State) (Zip Code)
5. Office Telephone: _____ 6. Home Telephone: _____
7. Place of Birth: _____ 8. Date of Birth: _____ 9. _____
- Social Security Number* _____
10. Are you a resident of the State of Maryland? ☐ Yes ☐ No
11. Do you intend to practice psychology in Maryland? ☐ Yes ☐ No
12. Are you licensed, certified, or registered by any governmental agency or government Board in any state, county or jurisdiction?
☐ Yes ☐ No (If "Yes", indicate certification, license, etc., and the accrediting agency):
13. Do you hold a current Certificate of Professional Qualification in Psychology issued by the Association of State and Provincial Psychology Boards? ☐ Yes ☐ No
14. Are you credentialed as a Health Service Provider by the National Register of Health Service Providers in Psychology? ☐ Yes ☐ No
15. Additional information required: (If you answer "Yes" to any question, give explanation on Page 4.)
- a. Have you ever applied for a Psychology license/certificate from a governmental Board and been rejected for any reason including, but not limited to, lack of educational requirements and experience? ☐ Yes ☐ No
- b. Has any license, certificate, diploma, or privilege in psychology ever been granted to you and subsequently revoked or suspended for any reason, or have you ever been reprimanded, admonished and/or placed on probation by any disciplinary authority, agency, employer, or institution? ☐ Yes ☐ No
- c. Have you ever pleaded guilty or nolo contendere to a crime or been convicted of a crime? ☐ Yes ☐ No
- d. Have you ever been investigated or charged with unethical practices or unprofessional conduct, or are you presently being investigated or under charges? ☐ Yes ☐ No

*******BOARD USE*******
ONLY*****

Date Application Initially Received: _____ Application Fee: _____ Examination Fee: _____

ACTION:

Date Reviewed: _____ Date of Examination: _____

Reviewing Board Member: _____

Chair: _____

16.

Name of Supervisor:

Supervisor's Highest Degree:

Supervisor's Title: _____ Supervisor's Profession:

Supervisor's Address:

17. **EDUCATION:** In addition to the information supplied below, the applicant is responsible for seeing that an OFFICIAL TRANSCRIPT is submitted by all institutions in which GRADUATE CREDITS have been earned. These transcripts must be sent by the institution directly to the Board.

Highest Degree Earned: _____ Institution: _____ Date of Degree: _____

Program: _____ If degree is not from a Psychology Department, identify the department or program in which the degree was earned:

Other Graduate Degrees Earned:

Degree: _____ Institution: _____ Program: _____ Date: _____

Degree: _____ Institution: _____ Program: _____ Date: _____

Other Graduate Credits Earned:

Institution: _____ Program: _____ From: _____ To: _____

Institution: _____ Program: _____ From: _____ To: _____

Undergraduate Degree Earned:

Degree: _____ Institution: _____ Major: _____ Date: _____

18. **REFERENCES:**

References are required from three psychologists, preferably licensed or certified who can address issues of professional education, professional supervised experience, competence, professional conduct, and moral character. One reference must be from the supervisor of your post-doctoral training. The letters should also include any other information that would be of value to the Board of Examiners of Psychologists in considering the applicant. Do not list current members of the Board unless the relationship was as primary mentor/supervisor. Do not list individuals with whom you have a close personal relationship or who work under your supervision.

Name	Title and Position	Address	Known Since
(1)			
(2)			
(3)			

19. Have you ever taken and passed the Examination for Professional Practice in Psychology: ☐ Yes ☐ No

If "Yes", complete the following: Date: _____ State: _____ Score: _____

20. Have you ever failed this examination? ☐ Yes ☐ No

If "yes", give date(s) and state(s): _____

If in the discretion of the Board, more information is necessary or deemed advisable, further documented evidence may be requested. Also, where evidence of the applicant's qualifications is inadequate, or as the laws or rules and regulations of the Board may

otherwise provide, the applicant may be requested to appear before the Board.

I acknowledge and agree that any person, association or institution listed in this application may be contacted by the Board.

(Signature of Applicant)

Acceptance of your application to sit for the licensure examination does not guarantee the award of a license.

AFFIDAVIT

The undersigned, being duly sworn deposes and says that he or she is the person who executed this application; that the statements contained here in are true and correct to the best of his or her knowledge and belief; that he or she has not suppressed any information that might affect this application; that he or she will conform to the ethical standards or conduct in his or her profession; and he or she has read and understands this affidavit. I certify that the attached photograph is a true likeness of the applicant.

(Signature of Applicant)

Sworn to before me this _____ day
of _____, 19

Notary Public

My Commission expires on the _____ day
of _____, 19

Photograph Space

Attach a recent passport type
photograph (2" x 2")

Back of Photograph must be signed
by applicant.